2017-04-03-03-00145074

FEC

Only

STATEMENT OF

RECEIVED FEC MAIL CENTER

2017 APR -3 AM 7: 18 **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Impeach Trump Leadership PAC ADDRESS (number and street) (Check if address 92651 is changed) aguna Beach STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Bovd.GallervRE@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Boyd Roberts** Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009) Toll, Free 800-424-9530

Local.202-694-1100

	Candidate Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate				
	Candidate Party Affiliation	Office State President District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
ı	Name of Candidate				
,	Party Com	mittee:			
	(d)	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.			
)	Political A	ction Committee (PAC):			
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
, I		Corporation Corporation w/o Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
•		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint Fundraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			

FEC ID number C

FEC ID number C

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FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE

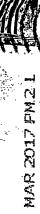
Page 2

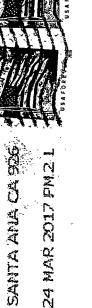
FEC Form 1 (Revise	ed 02/2009)	Page 3				
Write or Type Committee N						
	mp Leadership PAC					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
Boyd Rober	ts :					
Mailing Address	668 N. Coast Highway, #199					
	Laguna Beach	192651 -				
	CITY STATE	ZIP CODE				
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor				
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee				
¡Boy	d Lachlan Roberts					
Full Name	668 N. Coast Highway, #199					
Mailing Address		<u> </u>				
	La sura a Barah	00054				
	Laguna Beach CA	92651				
Title or Position	CITY STATE	ZIP CODE				
Leadership PA	C Sponsor Telephone number					
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of				
Full Name of Treasurer	yd Lachlan Roberts					
Mailing Address	668 N. Coast Highway, #199					
	Laguna Beach CAT	92651				
Title or Position Candidate/Leade	ership PAC Sponsor Telephone number	149-463-9152				

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Full Name of		
Designated Agent		41
Mailing Address		4-1
	CITY STATE ZIP CODE	_ -
Title or Position		١.
	Telephone number	
		
Banks or Other	or Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, repoxes or maintains funds.	ents
Name of Bank,		
Mailing Address	s	
	CITY STATE ZIP CODE	
Name of Bank,	Depository, etc.	
Mailing Address	s	
		4
	<u> </u>	4
	CITY STATE ZIP CODE	

58 N. Coast Highway # 199 WO guna Beach LA 9265,

24 MAR 2017 PM2





Federal Election Commisson

street

999 "E"

20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMENT The FEC added this page to the end of this filing to incommend the second secon	DMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 3/24/17	Date of Receipt 4/3/17
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt ce
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ate of Receipt or Postmarked
ar .	4/3/17
(3/2015)	DATE PREPARED